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## **Auditing national physical activity policies: applications, dissemination and lessons learned from the HEPA Policy Audit Tool (PAT)**

Kahlmeier, Sonja ; Milton, K ; Cavill, Nick ; Giné-Garriga, M ; Galán-Mercant, A ; Ley, V ; Krtalic, S ; Martin-Diener, Eva ; Mota, J ; Valente, A ; Van Hoya, A ; Vuillemin, A ; Lombrail, P ; Lecomte, F ; Wendel-Vos, G C W ; Storm, I ; Bull, F

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# Section A

## 1 Introduction

The promotion of physical activity is beneficial for the most prevalent non-communicable diseases such as type 2 diabetes, stroke, cardiovascular diseases, and cancers, as well as poor mental health. At the same time, it also has positive effects in many other policy areas, for example by promoting social inclusion, contributing to reducing air pollution and greenhouse gas emissions, reducing congestion, promoting a healthy workforce and through effective return on investments in sectors such as transport and tourism.

The World Health Organization's (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases calls for a 10% reduction in physical inactivity by 2025. The development and implementation of a comprehensive policy approach to promote health-enhancing physical activity (HEPA) across the life-course and in all sectors is now widely recognized as a basis to successfully address insufficient levels of physical activity. Over the last decade, high-level international policy frameworks have laid out the principles and suggested approaches and contents for such policies.

In particular, the Physical Activity Strategy for the WHO European Region (2016–2025) calls upon all Member States to ensure supportive, safe and accessible environments for physical activity, to provide equal opportunities regardless of gender, age, income, education, ethnicity or disability, and to remove barriers to physical activity. It lays out key guiding principles and proposes actions across 14 objectives. Objective 1 calls for the integration of the promotion of physical activity across the life-course into the broader context of national policy and intersectoral actions identified by governments, which must be adequately resourced. The EU Council Recommendation on promoting health-enhancing physical activity across sectors launched in 2013 also recommends that Member States work towards effective HEPA policies by developing a cross-sectoral approach involving all relevant policy sectors.

### Box 1: EPHEPA project

The European Collaborative Partnership on Sport and Health-Enhancing Physical Activity (EPHEPA) project ran from 2016–2017 and aimed to:

- enhance intersectoral exchange across a wider range of key stakeholders and sectors
- strengthen and broaden networks to foster sport and HEPA promotion across all relevant sectors and in all parts of the EU and
- contribute to a stronger knowledge base on effective policies and approaches to promote HEPA.

The project included 7 institutions from 7 European countries. One of the work packages focused on the development of a dissemination template for the HEPA Policy Audit Tool (PAT) and application of the PAT in a range of countries for more effective national strategies to promote sports and HEPA. This booklet summarizes the results and lessons learned from this work package.

## 1.1 The HEPA Policy Audit Tool (PAT)

Formulating a national policy on HEPA provides support, consistency and visibility at the political level, and at the same time helps national government sectors, regional and local authorities, as well as other stakeholders and actors in the private sector to be more coherent and consistent by following common objectives and strategies. Such a policy can also increase accountability and inform the allocation of resources. Thus, action on policy development, content, implementation, monitoring and evaluation in countries is of great importance, and there is much to be learnt from sharing information, experiences and best practices among countries on how to engage with and implement action plans across multiple sectors.

However, it was not until the early 2000s that evidence started to emerge on the essential attributes of successful development and implementation of a population-wide approach to the promotion of physical activity across the life course. In 2011, in collaboration with HEPA Europe and 7 pilot countries, the WHO Regional Office for Europe developed a method and protocol for compiling and communicating country-level policy responses on physical inactivity, called the HEPA Policy Audit Tool (PAT). The PAT is structured around a set of 17 key criteria (see Box 1), which were identified based on experiences from several previous guidelines and comparisons of physical activity policy.

### Box 2. Identified elements for a successful national policy approach to physical activity promotion

1. Consultative approach in development
2. Evidence-based
3. Integration across other sectors and policies
4. National recommendations on physical activity levels
5. National goals and targets
6. Implementation plan with a specified time frame for implementation
7. Multiple strategies
8. Evaluation
9. Surveillance or health monitoring systems
10. Political commitment
11. Ongoing funding
12. Leadership and coordination
13. Working in partnership
14. Links between policy and practice
15. Communication strategy
16. Identity (branding/logo/slogan)
17. Network supporting professionals

A second, updated version of the PAT was launched in 2015. The PAT is designed to help interested agencies, institutes or other relevant groups working on the promotion of physical activity to assess the scope of policy actions aimed at increasing HEPA and reducing physical inactivity within a country. Completing the PAT will provide a comprehensive overview of the breadth of current policy actions related to HEPA and can be used to identify synergies and discrepancies between sectors. The PAT not only comprises a set of questions to collate all necessary information on the breadth of a national approach to HEPA promotion across all sectors concerned but also describes the proposed steps and process for completion to ensure accuracy and comprehensiveness of the collated information.

The tool itself, application examples and a cross-country analysis from the initial pilot-phase of the project are available on the HEPA PAT website ([www.euro.who.int/hepapat](http://www.euro.who.int/hepapat)).

In 2015, the WHO Regional Office for Europe, in collaboration with the Directorate General for Education, Culture and Sport, published facts-

heets on health-enhancing physical activity in the 28 EU Member States. These were based on a monitoring framework for the European Council Recommendation on promoting health-enhancing physical activity across sectors (see also Chapter 6: Resources and further reading below). While the purpose and content of the two approaches differ, 8 of the EU indicators are the same as in the HEPA PAT.

## 2 Development of the PAT dissemination template

The PAT has now been extensively tested and found to be useful, and also an effective catalyst and support for policy development, as it can foster exchange between the relevant national stakeholders who often do not have a close working relationship. While the full report generated from completing the PAT was found to be very valuable for informed experts, this (comprehensive but lengthy) output is not conducive to wider dissemination, for example to high-level policymakers or non-health or sport-sector recipients. Therefore, the EPHEPA project aimed to further strengthen this valuable method and tool by supporting the dissemination of the comprehensive information collected through the full PATs into an appealing, user-friendly template. It was thought that this would increase exploitation of the PAT results and also its impact in terms of political support and practice of physical activity policy.

This template was developed through three main steps:

### **1. Review of existing templates**

Based on a systematic internet search, 34 existing dissemination templates were identified across different health topics. Each template was independently rated by two project partners on a 5 point scale regarding their usefulness (limited usefulness to extremely useful), and to identify which elements could be of use for the PAT dissemination template. Elements included total length, use of colors, boxes, icons or columns, tables, graphs and pictures.

### **2. Expert workshop**

On 31 May – 1 June 2016, 15 participants (including experts involved in the development of PAT version 1, a consultant for WHO and other professionals) discussed the results of the review and of a survey on the PAT use to date. Through interactive group work, the main scope and purposes, key target audiences, and PAT items deemed most relevant for inclusion into a PAT dissemination template were defined. First ideas for approaches and design elements were also developed.

### **3. Drafting, testing and finalization**

Based on the results of the workshop and supported by a designer, an initial version of the template along with a user guide was developed. Several rounds of expert and user feedback informed the final versions, which can be found in section B of this document.

# 3 Country approaches to developing and implementing national HEPA policies

## 3.1 Lead ministries and key policy documents

Across the 7 countries for which the PAT version 2<sup>1</sup> was completed, responsibility for HEPA usually fell to the ministries responsible for health and/or education. Other ministries which were commonly involved included sport and the ministry for the environment, followed by transport/mobility and labour/welfare/social security. Only in one country, the Ministry for Spatial Planning was involved.

Each PAT country lead identified between three and six key policy documents for HEPA promotion in their country. The most important documents typically came from the health and sport sectors. A surprisingly high number came from the transport sector, given transport was not always considered by the countries to be a key ministry with responsibility for HEPA; still less than half of the countries reported a transport policy with a link to the HEPA agenda. In contrast, some countries reported that ministries responsible for labour/welfare and citizenship/equalities had an important role in HEPA promotion, yet no important policy documents from these ministries were identified.

## 3.2 Consultation and use of evidence

Whilst a consultative process was used in the development of HEPA policies in most countries, this was operationalised in different ways including online consultations via a survey (usually completed by the public), the creation of working groups consisting of researchers, professionals and/or stakeholders from different sectors, and auditing by external agencies. There was varied use of the evidence to inform policy. For some countries, it was reported that there were no formal mechanisms for the use of best available evidence when developing policies. In contrast, in another country all documents and recommendations produced by the public institutions are based on scientific evidence and produced and revised by a panel of experts responsible for ensuring the detection of the best available evidence.

## 3.3 Target groups and settings for action

In most countries, the HEPA policies addressed a diverse set of population groups and settings for action. The most common settings were primary schools, healthcare, workplaces and sport and recreation. The least common settings addressed in the policies were the environment and tourism. The most frequently identified population groups were children/young people, the workforce/employees, older adults and the general population. Clinical populations were targeted by policies in 5 of the 7 countries. Less frequently targeted groups were women, migrant populations and indigenous people. Only in two countries, policy actions specifically targeted the most inactive. A relatively novel group that was identified as a key target population for action in one country was prisoners.

## 3.4 National physical activity recommendations

All countries reported having physical activity recommendations. Two countries reported following the WHO global recommendations, whilst other countries have developed their own. All countries had recommendations for children/young people and adults. Two countries reported recommendations for older adults and one of them also has recommendations for early years. Only one country reported specific recommendations around sedentary behaviour.

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<sup>1</sup> Including Belgium (Walloon Region, French and German-Speaking community), Croatia, France, the Netherlands, Portugal, Spain and Switzerland

### 3.5 Goals, targets and surveillance

The extent to which countries had established clear targets for a shift in population prevalence of physical activity was very varied. Three countries reported having no target. One country reported having adopted the WHO target from the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, which is a 10% relative reduction in physical inactivity by 2025. Another country had developed their own national target that by 2030 the proportion of residents who do not take enough exercise will be 10% lower than it was in 2015.

All countries reported having one or more surveillance systems for monitoring population levels of physical activity. Most countries used phone or face-to-face interviews, or a paper-based survey. Three countries have, at times, included objective measures.

### 3.6 Progress, challenges and recommendations to other countries

A new addition to the HEPA PAT version 2 was a question which asks respondents to reflect on their progress in physical activity policy within their country and to provide three pieces of advice to other countries wishing to advance in this area. Some key recommendations include:

- Start with the development of national recommendations and involve all relevant stakeholders (including NGOs) to create ownership and thus a snowballing effect in dissemination.
- Establish and maintain coordination mechanisms for inter-sectoral cooperation.
- Establish strong political support, in conjunction with strong alliances in related departments (inter departmental), and with stakeholders at a central, regional and local level - there is the need to involve all relevant agents in order to design robust interventions and successfully implement them.
- Offer appropriate, free and fun training to all professionals involved in policy development and/or implementation.
- Establish and conduct a national monitoring system.
- Synchronize surveillance and policy timeframes (i.e. define the goals in line with the periodicity of monitoring systems).
- Implement robust, easy and sustainable programs (through primary health care, schools, workplace, community, municipalities, etc.) taking into account end-users' opinion, in accordance with local needs and existing strategies and interventions.
- Select a few large-scale interventions and programs for which good or promising evidence of effectiveness exists, and sustain them, rather than trying new things every few years.
- Invest in good evaluation - from the beginning! Adhere to evaluation results and share the lessons learned so others can profit.



## 4 Experience with the new dissemination template

The approach taken to develop a new dissemination template for the PAT through the EPHEPA project was found to be effective and conducive for taking into account expert knowledge as well as the views and needs of policymakers. Basing the development on a review of existing templates and a user survey provided a solid basis to identify requirements, gaps and possible approaches. The interactive workshop allowed for brainstorming, exchanging and discussing new ideas while at the same time rooting this new product into the latest evidence to ensure relevance for policy and practice. For example, a graph on the levels of physical activity (or inactivity) was integrated into the front page of the template despite not being part of the HEPA PAT, as the involved experts agreed that this information element was crucial to support the main purpose of the template, i.e. an increased profile for and investments into HEPA promotion for all age groups and across all sectors.

To gain further insight into the use of the PAT results and the new dissemination template, semi-structured interviews were carried out with project partners who had filled in the PAT and the dissemination template. Interviews were either held face-to-face, on Skype or by telephone. The discussions followed an interview guide and the interviews were recorded to help analysis.

Following the guidance for the completion of the PAT (*see also Chapter 6. Resources and further reading below*), all coordinators sought contact with relevant officials in government departments and national agencies to gain insight on or ascertain the status of aspects of HEPA policy. This was done in different ways: either informally or through formal meetings. In one case the process was carried out through a quite formal interviewing process. In addition, there was a great deal of desk research carried out as well as searching the internet for relevant policies or reviewing documents.

Most of the coordinators had got to the stage where they had completed the PAT and had yet to begin full dissemination. One had already held an event for general practitioners, nurses and social workers to explain how the country was positioned in physical activity promotion, which was thought to be very useful. Two country leads had also used the PAT results for a scientific publication comparing the two countries and a presentation at the national public health congress.

### 4.1 Usefulness of the HEPA PAT

Overall, the coordinators much appreciated the HEPA PAT as a useful tool for summarizing and presenting progress with the HEPA policy agenda. Many of the coordinators noted that the most useful aspect of the PAT was not the document itself, but the process of data collection that it demanded. The PAT encouraged the coordinators to make new connections with policymakers and officials in government departments. Where consultation meetings took place, they also – often for the first time – brought all relevant stakeholders together, which in itself was seen to be extremely valuable.

*“...it was a good opportunity to do this – to bring them together – everybody had an interest to see what is done in [country] and they cannot imagine what is done in the different ministries – they know their sector but they don’t have a global overview of the situation so in that way it was interesting.”*

National coordinator 1

*“Really useful to get an overview and to get into contact with the key institutions – a very useful exercise to get a broad overview of the situation in a country.”*

National coordinator 2

*“It is extremely useful to complete the PAT. It forces you to collect all relevant information concerning HEPA policy in your country. In the end it tells the story for you.”*

National coordinator 3

In one case, the PAT was seen to be particularly helpful as it carried “more weight” than a standard request for information: it meant that the ministries concerned took the request more seriously. Overall the whole process was seen to be valuable and it was mentioned that *“without the PAT one would never do that exercise”*.

## 4.2 Challenges

Despite this overall enthusiastic response, it was noted that the PAT itself was generally quite long and complicated. The main issue was the length of the document and the amount of information that was required due to its comprehensive nature. For this reason the shorter PAT dissemination template was welcomed but it was noted that this still needed significant time to complete.

It was also found to be challenging to collect truly national data. While many coordinators had a good overview of the policies that were affecting their work at a sub-national or local level, they were mindful that this did not represent the national picture and required additional data collection or consultation. Two others worked specifically at a state or cantonal level and saw less relevance in national policies.

In one case, the more basic challenge was that many policymakers either did not seem to care much about physical activity or did not understand how their work had an impact on this topic.

*“In all these sectors we don’t have good policies...it wasn’t directed to physical activity or...health-enhancing...it was all general.”*

National coordinator 4

## 4.3 HEPA PAT dissemination template

The dissemination template was universally liked. All the coordinators valued the short and more visually appealing nature of the new template.

*“I think for dissemination it is essential to have a shorter version – no-one will read the 30 or 40 page original report...”*

National coordinator 5

*“It is a very useful prompt... a bit broader that you usually get from Emails and from chatting with people.”*

National coordinator 6

*“I like it. It is relatively short; which increases the chance that people will read its content. And possibly will make an effort to read the longer version. I also like the way it facilitates comparability of results between countries.”*

National coordinator 3

## 4.4 Future dissemination plans

Overall, the coordinators were planning to use the template more to disseminate the policy audit summaries, to engage new stakeholders and to generate debate. One had support from the Ministry of Health to adapt the PAT for use at a local level, whilst most planned to use it at meetings in the future.

The main suggestion for the future was guidance on how to analyze the results, and the process for updating the PAT in the future.

## 5 Conclusions

The Erasmus+ EPHEPA project facilitated further development of the HEPA PAT as a key tool for summarizing national approaches to HEPA promotion – a policy agenda of increasing importance and recognition. The approach taken in the project to develop a new dissemination template was successful and can serve as a model for future development steps.

The completion of the full PATs, which is estimated to take up to 6 months, ideally involving several rounds of consultation and revisions, proved challenging; an observation made already in the first PAT project phases (see *Bull et al. 2014, Chapter 6. Resources and further reading below*). Thus, only 7 country teams out of 13 agreeing to take part initially had been able to actually complete the process. Reasons for dropping out included lack of capacity, a change of position within the government, and challenges in establishing a country team to support the process. Whilst these represent real-life experiences, they provide important learnings for future rounds of PAT completion.

At the same time, those who had completed the PAT under this project re-iterated the same benefits and success reported previously: the HEPA PAT has once again proven to be a useful tool for summarizing progress with a national HEPA policy agenda. The PAT completion fostered new connections with policy makers and officials in government departments and among HEPA stakeholders within and outside of government, which in itself was seen to be extremely valuable. Once again, a diversity of country team leads was found, including academic research institutions, a public health society and government officials. The proposed process for completion of the PAT is meant to lead to a balanced and comprehensive picture but some differences in interpretation of the national policy progress probably have to be taken into account.

Results found across countries were similar with those of a previous analysis with regard to the most frequent lead ministries being health and/or education and the high prevalence of national recommendations on physical activity and health (see *Bull et al. 2014, Chapter 6. Resources and further reading below*). Policies still tended to focus on some target groups, in particular children/young people, elderly, clinical populations as well as the general population. Other groups in need of special investments still are addressed less frequently, in particular women, migrant and indigenous populations and the most inactive. Specific policy targets for HEPA were still found to be the exception rather than the rule. The country teams also made a range of useful recommendations for other countries engaging in HEPA policies (see Chapter 3.6 above).

The new dissemination template was universally liked and found to be an important addition to the HEPA PAT suite of tools. It will support further dissemination of the results of this useful exercise, to engage new stakeholders and to generate debate.

## 6 Resources and suggested further reading

- Health-enhancing physical activity (HEPA) policy audit tool (PAT) - [version 2](#). Bull F, Milton K, Kahlmeier S. Copenhagen: WHO Regional Office for Europe, April 2015.
- Turning the tide: national policy approaches to increasing physical activity in seven European countries. Bull F, Milton K, Kahlmeier S et al. [British Journal of Sports Medicine](#) 2015 (49):749-756.
- Physical Activity [Strategy](#) for the WHO European Region (2016–2025). Copenhagen: WHO Regional Office for Europe, 2015.
- [Factsheets](#) on health-enhancing physical activity in the 28 EU Member States of the WHO European Region. Copenhagen: WHO Regional Office for Europe, 2015.
- [Recommendation](#) on promoting health-enhancing physical activity across sectors. Brussels: Council of the European Union, 2013.
- Global [recommendations](#) on physical activity for health. Geneva: World Health Organization, 2010.
- [Toronto Charter](#) for Physical Activity: A Global Call to Action. Global Advocacy Council for Physical Activity, International Society for Physical Activity and Health (ISPAH) (2010).
- [Bangkok Declaration](#) on Physical Activity for Global Health and Sustainable development. The 6th ISPAH International Congress on Physical Activity and Public Health, Bangkok, Thailand, 16-19 November 2016.
- European Health Information [Gateway](#). Copenhagen: WHO Regional Office for Europe, 2017.

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## Section B

### HEPA PAT dissemination template

- Example
- User Guide



# Physical activity in [country]: key facts and policies

[COUNTRY FLAG]

The World Health Organization's (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases calls for a 10% reduction in physical inactivity by 2025. To achieve this target, the Physical Activity Strategy for the WHO European Region and the EU Council Recommendation on promoting health-enhancing physical activity call upon all countries to develop intersectoral strategies to address insufficient physical activity across the life course and across all sectors.

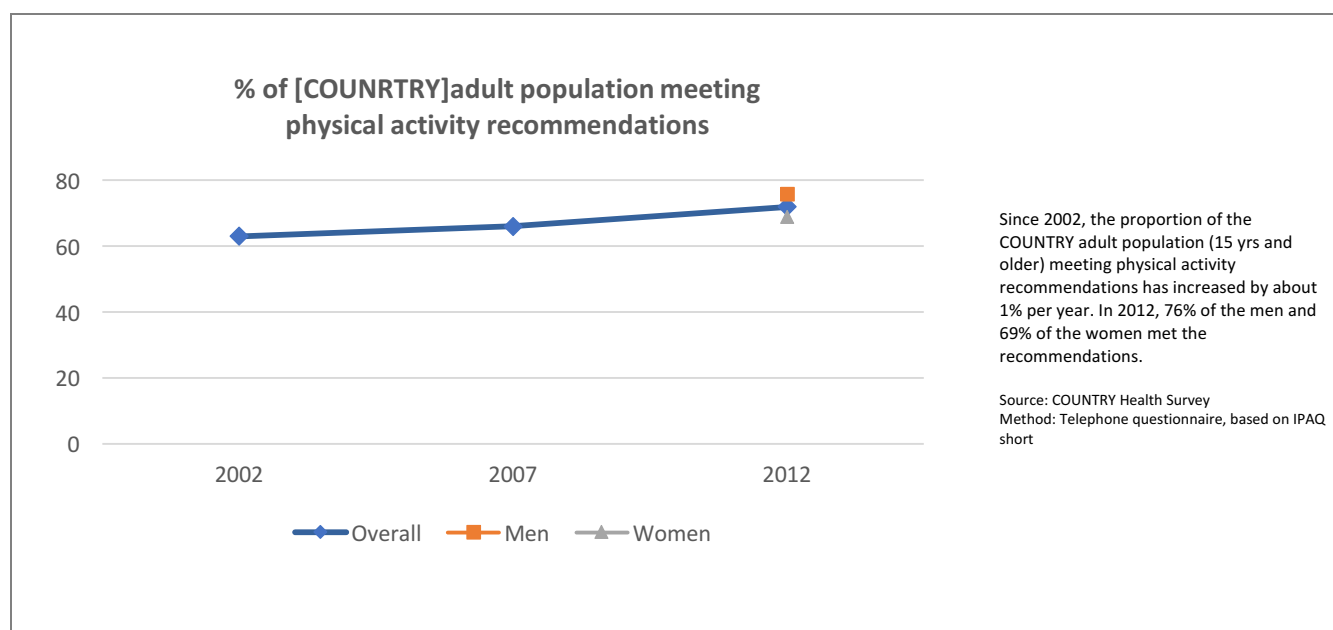
The promotion of physical activity is beneficial for noncommunicable diseases such as type 2 diabetes, stroke, cardiovascular diseases, cancers, and poor mental health. It also has positive effects in many other policy areas, for example: by promoting social inclusion; by contributing to reducing air pollution and greenhouse gas emissions; reducing congestion; by promoting a healthy workforce; and through effective return on investments in sectors such as transport and tourism.

This document presents key information on the physical activity policy situation in [COUNTRY]. It is based on a wider policy audit using the HEPA Policy Audit Tool (PAT) of the WHO/Europe.

[www.euro.who.int/hepatat](http://www.euro.who.int/hepatat)

<b>Summary:</b> <i>In [COUNTRY], there are several policies that address physical activity promotion across a range of sectors, as recommended by the WHO.</i>	
<b>Authors and institutions</b> JANE DOE, INSTITUTION, COUNTRY	<b>A full version</b> of this PAT is available at: WEBLINK  <b>Publication date:</b> 2017

## Population levels of physical activity



# 1. Institutions

## The main government ministries with an active role in the promotion of Health-Enhancing Physical Activity

**Ministry of Sports MoSp:** responsible for all sports-related dossiers at the national level. In HEPA promotion the main activity is the program Youth and Sports.

**Ministry of Health MoH:** Along with the regions responsible for public health and for developing national health policy.

**National Roads Office FEDRO:** responsible road infrastructure and private road transport. The FEDRO has a section responsible for active transport (i.e. cycling, walking).

**Ministry of the Environment MoE:** the national government's center of environmental expertise. It is also responsible for the national climate and energy strategy.

**Ministry of Spatial Development ARE:** the national government's specialist authority on issues concerning spatial development, mobility policy and sustainable development.

**Health promotion Foundation:** a private foundation supported by the regions and a yearly premium collected as part of the mandatory individual health insurance.

	Agencies providing leadership for HEPA promotion	Mechanisms to ensure cross-sector collaboration regarding the delivery of HEPA policy
On the national level	<p><b>Ministry of Sports MoSp</b> Has a broad legal basis which includes also HEPA promotion, but currently focuses more on sports in the classic sense (and elite sports)</p> <p><b>Ministry of Health (MoH), the Health Promotion Foundation, the Conference of the regional Health Directors</b> Shared leadership for NCD strategy, including HEPA promotion; while the MoH does not have a legal basis for national health policy, the other two partners do.</p>	<p>There are a number of informal, voluntary exchange platforms but no officially established or legally binding mechanisms for cross-sectoral collaboration:</p> <ul style="list-style-type: none"> <li>- National Coordination group for active transportation (Bundeskoordination Langsamverkehr), led by the National Roads Office FEDRO.</li> <li>- Model projects for sustainable spatial development (Modellvorhaben "Nachhaltige Raumentwicklung 2014-2018"), led by ARE</li> <li>- Coordination office for sustainable transport (Koordinationsstelle für nachhaltige Mobilität), led by the Ministry of Energy.</li> </ul>
On the sub-national level	<p><b>Authorities in regions and cities</b> have the mandate for health promotion, sports promotion, urban planning, transport planning and education</p> <p>There are <b>coordinating mechanisms</b> (so-called "Conferences") for the members of governments of the regions <u>within</u> the respective sectors (e.g. public transport, health, etc).</p>	<p>National hepa network: voluntary exchange platform for actors at the regional and community (as well as national) level</p> <p>"Sports coordinators" in municipalities aiming at developing "local sports and physical activity networks", mainly to coordinate the use of sports infrastructure and to support sporting events.</p>

## Professional network or system linking and/or supporting professionals interested or currently working in physical activity or related areas

The national hepa network at the Ministry of Sports is active since 1999; its continuation is one of the measures of the national NCD-strategy (section 2 below). Currently, it has 120 member institutions, mainly from the sports and health sectors, NGOs (health and sports) and the private (fitness) industry.

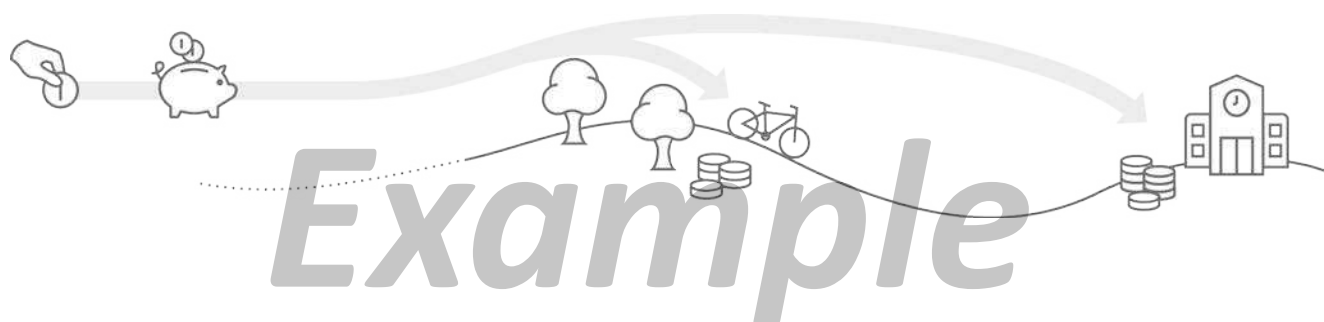
Main activities of the network are an annual meeting, issuing and disseminating the national recommendations on physical activity and health and the dissemination of reports and communication material

## Funding specifically allocated or “ring-fenced” for the delivery of physical activity related policy or action plans

Sector	At national level	(recurring)	Amount (€)	At sub-national level	(recurring)	Amount (€)
Health	Yes (plus new health insurance premium*)	✓	€7.1 mio.	Yes	✓	At least €6.2 mio.
Sport/Recreation	Yes (Youth & Sport)	✓	€92 mio.	Yes (estimation*)	✓	ca. €460 mio.
Education	No	✗		Yes	✓	unknown
Transport	Yes	✓	At least €54mio.	Yes	✓	unknown
Environment	No	✗		No	✗	
Urban Design/Planning	No	✗		No	✗	
Social cohesion	No	✗		No	✗	

Possible answers: ✓ Recurring ✗ Not Recurring ? Don't know

\*see full HEPA PAT for details WEblink



## 2. Policies & key actions

Current key policy documents, legislation, strategies or action plans which outline the intention to increase national levels of physical activity

Sector	Key policies*	Web-Link
Health	<b>National Health Insurance Law</b> Published in 1996 as a national law	<a href="#">Web-Link</a>
	<b>National Strategy for the Prevention of Non-communicable Diseases (NCD) and corresponding Action Plan, 2017-2024</b> Published in 2016 by the Ministry of Public Health and the Conference of the Regional Health Directors	<a href="#">Web-Link</a>
Sports	<b>National Law on the Promotion of Gymnastics and Sport</b> Published in 1972 and revised in 2012, as a national law	<a href="#">Web-Link</a>
Transport	<b>National Law on Walking and Hiking Paths</b> Published in 1985 as a national law	<a href="#">Web-Link</a>
Environment	<b>Freedom to roam-article 699, Civil Code</b> Published in 1907 as a national law	<a href="#">Web-Link</a>

\* A detailed version of the policy list can be found in the full HEPA PAT at WEblink

### Settings that are included for the delivery of specific HEPA actions \*



● Included    ○ Not included

\* Referring to the full list of policy documents which can be found in the corresponding PAT at WEBLINK

### Population groups that are included for the delivery of specific HEPA actions \*

#### Groups

Early years	✓	Workforce/employees	✓	People with disabilities	✗
Children/young people	✓	Women	✗	Clinical populations/chronic disease	✗
Older adults	✓	Sedentary/the least active	✗	Low socio-economic groups	✗
Indigenous people	✗	Migrant populations	✗	Families	✗
General population	✓	Other (please specify):			

\* Referring to the full list of policy documents which can be found in the full HEPA at WEBLINK

## 3. Recommendations, goals and surveillance

### National recommendations on physical activity and health and on reducing sedentary behaviour\*

	Early years (pre-school age)	Children and young people (school-age)	Adults	Older adults	People with disabilities
Physical activity and health	<a href="#">Web-Link</a>	<a href="#">Web-Link</a>	<a href="#">Web-Link</a>	<a href="#">Web-Link</a>	not existing
Reducing sedentary behaviour	not existing	not existing	not existing	not existing	not existing

\* For more information on the content of the recommendations see the full version of the PAT at WEBLINK

### National goals and targets for population prevalence of physical activity

Neither the NCD strategy nor the draft of the Sports for all Concept contain a national target on physical activity. According to the corresponding NCD Action Plan quantified targets shall be developed until 2018.

The Sustainable Development Strategy 2016-2019 lists a quantified physical activity target: "The proportion of the resident population which does not take enough exercise is 10 % lower than in 2015". It is not indicated whether this is an absolute or a relative decrease.

## Other goals and targets that relate to physical activity promotion

There are a number of cities that implement “city initiatives” (Städteinitiativen) for more sustainable transport. The initiatives in the cities set targets for transport modes: some a reduction of motorized transport, some an increase in walking and cycling. The city of Zurich for example voted for the initiative in a public poll in 2011. The adopted target is an absolute reduction of car traffic by 10% by 2021 (and related increase of the mode share of public transport, walking and cycling); it is legally binding.

## Main surveillance and monitoring systems

Age group	Type	Details
<b>Early years</b> (pre-school age)	None	None
<b>Children and young people</b> (school-age)	Self-report	<b>Health Behaviour in School Aged Children HBSC</b> Frequency: 4 years, starting 2001/02
<b>Children and young people</b> (school-age)	Self-report	<b>Sport Survey</b> Frequency: 6 years, starting in 2008
<b>Children and young people</b> (school-age)	Accelerometry	<b>SOPHYA</b> Frequency: 1x so far, starting in 2014/15
<b>Adults</b>	Self-report	<b>National Health Survey</b> Frequency: 5 years, starting in 1992 (since 2002 allowing reference to the national HEPA recommendations)
<b>Adults</b>	Self-report	<b>Sport Survey</b> Frequency: 6-8 years, starting in 2000
<b>Older adults</b>	See Adults	See Adults

## 4. Successes and challenges

### Areas of greatest progress and greatest challenge in national HEPA promotion in recent years



#### Successes

1. **Increase of physical activity in adults of about 1% per year** between 2002 and 2012. This increase is based on self-reported data, and some social desirability cannot be excluded. However, it is not likely that the entire increase is attributable to this phenomenon.
2. Engagement of the **regional and community level, NGOs and the private sector**, even without a strong lead of the national level.
3. **Health as a co-benefit of the promotion of walking and cycling** is increasingly recognized as an argument with important stakeholders.



#### Challenges

1. There is **no legal basis for the health sector to act on the prevention of non-communicable diseases on the national level** (due to rejection of the national prevention law in 2012 by the national parliament).
2. There is **a legal basis for the sports sector**. However, in recent years the Ministry of Sports – apart from the legally binding investments into youth + sports – has invested **little resources in HEPA promotion** in a broader sense. The MoSp is not part of the lead of the NCD-Strategy.
3. With few exceptions, there is a **lack of sustained investment** into action programs and strategies, oftentimes **regardless of encouraging evaluation results**.



# HEPA PAT dissemination template

## User Guide

*Suggested citation: Kahlmeier S, Milton K, Cavill N, Giné Garriga M, Krtalic S, Martin-Diener E, Mota J, Valente A, Van Hoya A, Vuillemin, A, Wendel-Vos W, Bull F: HEPA PAT dissemination template: User Guide. Zurich, Switzerland, 2017.*

### General guidelines

- This dissemination template has been created as an additional product to more easily communicate the PAT results to relevant stakeholders. The main target audience are medium to high-level administrators of different sectors of national and sub-national governments.

Thus, it is intended to summarize the key points from the long version of the PAT. Please bear this in mind when writing your text sections. Have a look at the provided example dissemination template for guidance.

- Please save the package to your local drive and start with the empty word template. Look at existing dissemination template for comparison.
- Please be very specific in your answers. Instead of leaving fields blank, please specify if the answer is "not known", "not applicable" or "zero" etc.
- If your country is in a very specific situation regarding a certain question, please specify by leaving a short text note below the corresponding section. Use Calibri 9pt font or the corresponding format from the document.
- After inserting the corresponding answers and finishing the text work, please go over the document again and insert page or line breaks to prevent content blocks from being broken. Please bear in mind that the layout of the document is partly based on (invisible) tables.

### Notes on the document

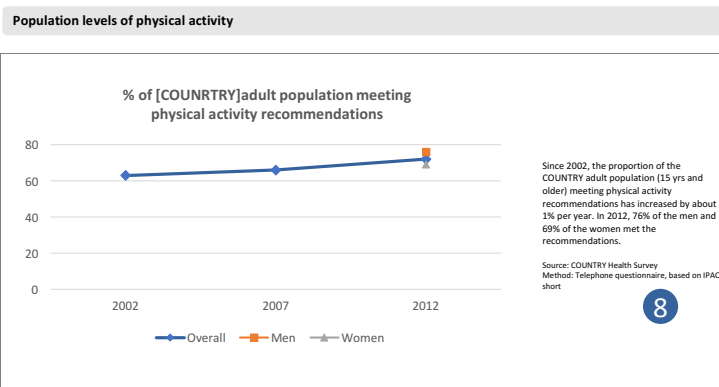
<h2>Physical activity in <sup>1</sup>[country]: key facts and policies</h2>		[COUNTRY FLAG] <sup>2</sup>
<p>The World Health Organization's (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases calls for a 10% reduction in physical inactivity by 2025. To achieve this target, the Physical Activity Strategy for the WHO European Region and the EU Council Recommendation on promoting health-enhancing physical activity call upon all countries to develop intersectoral strategies to address insufficient physical activity across the life course and across all sectors.</p> <p>The promotion of physical activity is beneficial for noncommunicable diseases such as type 2 diabetes, stroke, cardiovascular diseases, cancers, and poor mental health. It also has positive effects in many other policy areas, for example: by promoting social inclusion; by contributing to reducing air pollution and greenhouse gas emissions; reducing congestion; by promoting a healthy workforce; and through effective return on investments in sectors such as transport and tourism.</p>		
<p>Summary: In [COUNTRY], there are several policies that <sup>4</sup>address physical activity promotion across a range of sectors, as recommended by the WHO.</p>		
Authors and institutions JANE DOE, INSTITUTION, COUNTRY <sup>5</sup>	A full version of this PAT is available at: WEBLINK <sup>6</sup> Publication date: 2017	

- 1 Insert the country's name in the headline.

- 2 Insert the country's flag by right-clicking on the image and selecting "Change Picture...". Replace the old image with the corresponding image file from the "flag"-directory, which is provided with the template. Also insert the country name in the right-hand side column below. In case the resources-folder is not directly accessed when right-clicking, close the window and use the insert-function from the word-menu bar, then → picture and selected the corresponding folder from the package.
- 3 Please do not change the intro text unless you have a crucial need to do so, as it is meant to reflect the general background that is similar for all countries. If your country is in a very specific situation regarding a certain question, please specify by adding a short text note below the corresponding section. Please also feel free to amend existing footnotes, e.g. if you are not making the full PAT version available online (which is assumed in several sections, see below), or if you wish to provide further explanations. Use Calibri 9pt font or the corresponding format from the document.
- 4 Here the overall state of affairs in your country can be summarized in 1 sentence (max. 2 lines of text). Suggested sentences to use may be:
  - In country x, there are several policies that address physical activity promotion across a range of sectors, as recommended by the WHO.
  - In country x, there are several policies that address aspects of physical activity promotion but representing only a few relevant sectors.
  - In country x, there is one policy that addresses aspect[s] of physical activity promotion but not a complementary range of policies and interventions.
  - In country x, there are currently no national policies in any sector addressing physical activity promotion.
- 5 Insert the corresponding meta information on the document, such as publication date and authors. Provide the organization name in parenthesis if applicable and use italic font style to indicate the name. Have a look at the provided example dissemination template for guidance. You may also add the logo of your institution, university or department, but please make sure the size fits and the overall layout is preserved.
- 6 Here you can add a link to a government site, or somewhere credible and reliable if one exists, which acts as the place where somebody interested in advancing the policy on physical activity can go to find out more and to see how they can get involved. If there is no such website, remove this sentence. For example see: <http://www.healthyireland.ie/health-initiatives/national-physical-activity-plan-2>.

Here and in several other places, this summary template refers to the full version of the PAT, so ideally the full version should be made available online. Please replace the respective placeholder text (www.someurl.com/placeholder) with the respective link. If it cannot be made available online, replace with a reference to the paper version and, if available, where it can be ordered

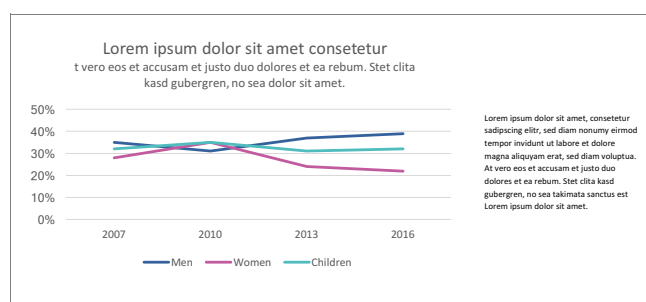
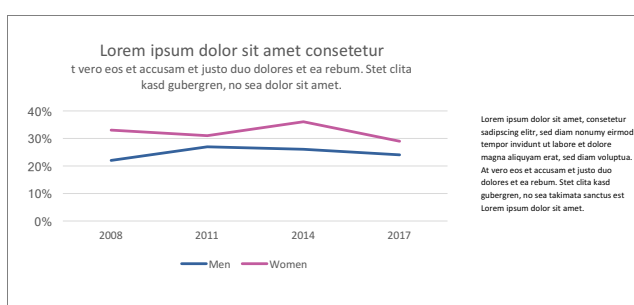
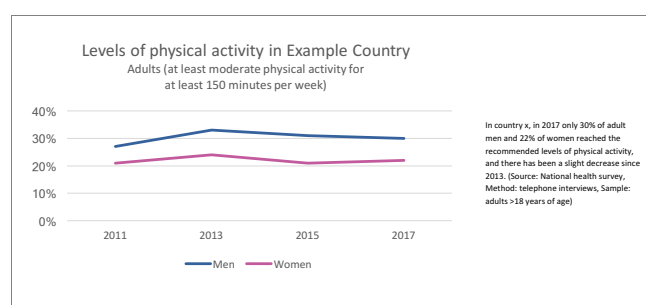
- 7 The footer on the first page must be included



8 While the PAT does not collect data on physical activity levels, it was decided that for this dissemination template this can be useful. If no data is available or you prefer not to include it, remove this section. If you wish to use a graph, for reasons of comparability it is suggested to use data on adults (but more than one graph could be inserted by copying and pasting, if you so wish). To add another graph, simply select the initial one and duplicate it by copy&paste, then change it by following the instructions below. Make sure to paste the new graph below the initial one and the layout doesn't break.

Provide a brief overview of the different levels of physical activities in a bar chart or line chart format (please edit separately in Excel). Insert a short description including: how active they are, method, age group, sample, etc. Please be brief.

To change the text labels, click or double-click on them. The type of chart can be switched by right-clicking on it and selecting "change chart type". To change the actual data of the chart, right-click on the graph and choose "Edit Data in Excel". Continue to edit the data in Microsoft Excel before saving and closing the document. If you have specific questions on the functionality of charts, you can refer to the official Microsoft Excel help. To add a new chart without duplicating the existing graph, in Word: select "insert" and "Chart".



Examples: it is possible to change the structure of the graph, e.g. in terms of demographic or age sub-groups.

## 1. Institutions

### The main government ministries with an active role in the promotion of Health-Enhancing Physical Activity

**Ministry of Sports MoSp:** responsible for all sports-related dossiers at the national level. In HEPA promotion the main activity is the program Youth and Sports.

**Ministry of Health MoH:** Along with the regions responsible for public health and for developing national health policy.

**National Roads Office FEDRO:** responsible road infrastructure and private road transport. The FEDRO has a section responsible for active transport (i.e. cycling, walking).

**Ministry of the Environment MoE:** the national government's center of environmental expertise. It is also responsible for the national climate and energy strategy.

**Ministry of Spatial Development ARE:** the national government's specialist authority on issues concerning spatial development, mobility policy and sustainable development.

**Health promotion Foundation:** a private foundation supported by the regions and a yearly premium collected as part of the mandatory individual health insurance.

- 9 The PAT should be as short as possible. For this reason, text passages that seem rather fragmented can be set in a three column layout (such as this section). You can select the corresponding text and use the "Columns-drop-down" from the "Page Layout"-Ribbon. The selected text will be automatically laid out in the selected number of columns.

This question refers to section 1/1c of the original PAT.

Agencies providing leadership for HEPA promotion		Mechanisms to ensure cross-sector collaboration regarding the delivery of HEPA policy
On the national level	<p><b>Ministry of Sports MoSp</b> Has a broad legal basis which includes also HEPA promotion, but currently focuses more on sports in the classic sense (and elite sports)</p> <p><b>Ministry of Health (MoH), the Health Promotion Foundation, the Conference of the regional Health Directors</b> Shared leadership for NCD strategy, including HEPA promotion; while the MoH does not have a legal basis for national health policy, the other two partners do.</p>	<p>There are a number of informal, voluntary exchange platforms but no officially established or legally binding mechanisms for cross-sectoral collaboration:</p> <ul style="list-style-type: none"> <li>- National Coordination group for active transportation (Bundeskoordination Langsamverkehr), led by the National Roads Office FEDRO.</li> <li>- Model projects for sustainable spatial development (Modellvorhaben "Nachhaltige Raumentwicklung 2014-2018"), led by ARE</li> <li>- Coordination office for sustainable transport (Koordinationsstelle für nachhaltige Mobilität), led by the Ministry of Energy.</li> </ul>
On the sub-national level	<p><b>Authorities in regions and cities</b> have the mandate for health promotion, sports promotion, urban planning, transport planning and education</p> <p>There are <b>coordinating mechanisms</b> (so-called "Conferences") for the members of governments of the regions <u>within</u> the respective sectors (e.g. public transport, health, etc).</p>	<p>National hepa network: voluntary exchange platform for actors at the regional and community (as well as national) level</p> <p>"Sports coordinators" in municipalities aiming at developing "local sports and physical activity networks", mainly to coordinate the use of sports infrastructure and to support sporting events.</p>

### Professional network or system linking and/or supporting professionals interested or currently working in physical activity or related areas

The national hepa network at the Ministry of Sports is active since 1999; its continuation is one of the measures of the national NCD-strategy (section 2 below). Currently, it has 120 member institutions, mainly from the sports and health sectors, NGOs (health and sports) and the private (fitness) industry.

Main activities of the network are an annual meeting, issuing and disseminating the national recommendations on physical activity and health and the dissemination of reports and communication material

- 10 Please fill in the grid regarding which agencies are providing leadership for HEPA promotions and which mechanisms ensure cross-sector collaboration on a national and sub-national level.
- 11 If a professional network or system that links and/or supports professionals is available, please provide a brief description and possibly a web link. If there is no network available, please also state that.

This question refers to section 1/2–5 of the original PAT.

This question refers to section 9/qu. 26 of the original PAT.

Funding specifically allocated or "ring-fenced" for the delivery of physical activity related policy or action plans						
Sector	At national level	(recurring)	Amount (€)	At sub-national level	(recurring)	Amount (€)
Health	Yes (plus new health insurance premium*)	✓	€7.1 mio.	Yes	✓	At least €6.2 mio.
Sport/Recreation	Yes (Youth & Sport)	✓	€92 mio.	Yes (estimation*)	✓	ca. €460 mio.
Education	No	✗		Yes	✓	unknown
Transport	Yes	✓	At least €54mio.	Yes	✓	unknown
Environment	No	✗		No	✗	
Urban Design/Planning	No	✗		No	✗	
Social cohesion	No	✗		No	✗	

Possible answers: ✓ Recurring ✗ Not Recurring ⚪ Don't know  
 \*see full HEPA PAT for details WEBLINK



- 12 Please specify whether funding is specifically allocated or "ring-fenced" for the delivery of physical activity related policy or action plans at the national and sub-national level. Possible answers can be: "yes", "no" or "don't know". You can alternatively also state the name of the ministry/funding pot/program/etc.
- 13 Provide an amount if known or write down "unknown".
- 14 The illustration is for symbolic, visual purposes only, and does not require adaptation by the author.

This question refers to section 8/qu. 24 of the original PAT.

## 2. Policies & key actions

Current **key policy documents**, legislation, strategies or action plans which outline the intention to increase national levels of physical activity

Sector	Key policies*	Web-Link
Health	<b>National Health Insurance Law</b> Published in 1996 as a national law	<a href="#">Web-Link</a>
	<b>National Strategy for the Prevention of Non-communicable Diseases (NCD) and corresponding Action Plan, 2017-2024</b> Published in 2016 by the Ministry of Public Health and the Co-ordination of the Regional Health Directors	<a href="#">Web-Link</a>
Sports	<b>National Law on the Promotion of Gymnastics and Sport</b> Published in 1972 and revised in 2012, as a national law	<a href="#">Web-Link</a>
Transport	<b>National Law on Walking and Hiking Paths</b> Published in 1985 as a national law	<a href="#">Web-Link</a>
Environment	<b>Freedom to roam-article 699, Civil Code</b> Published in 1907 as a national law	<a href="#">Web-Link</a>

\* A detailed version of the policy list can be found in the full HEPA PAT at WEBLINK

- 15 You can change the icon by right-clicking on the image and selecting "Change Picture...". You can find further icons for other sectors in the provided "icons"-directory ("setting-...-active.png"). In case the resources-folder is not directly accessed when right-clicking, close the window and use the insert-function from the word-menu bar, then → picture and selected the corresponding folder from the package.
- 16 List here those policy documents from PAT question 7 that were identified as the "most important" ones. If possible, list the policy documents in chronological order. Below the title of the policy, please provide the publication date (year) and the publisher.

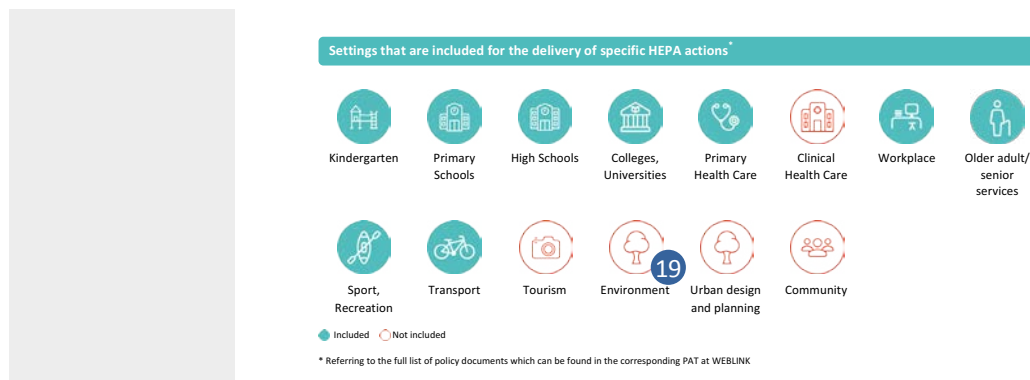
This question refers to section 4/qu. 7 of the original PAT.



- 17 If a link exists, please use the provided icons to link (ideally directly) to the corresponding policy. Do this by selecting the image and using the menu "insert" -> "Hyperlink" (CTRL+K/CMD+K for Mac). If no Link exists, please state so and delete the corresponding button.



- 18 If there are different links, please differentiate by a simple text note (see example above).



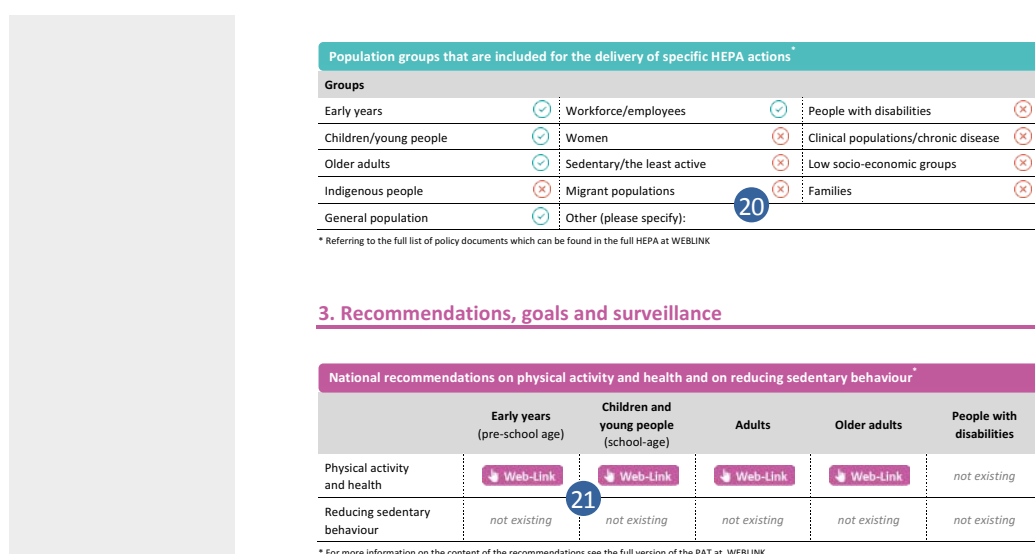
- 19 Here all sectors that the full list of policy documents cover should be listed (not just the ones addressed in the "most important" policy documents shown above). See full PAT question 13.

This question refers to section 4/qu. 13 of the original PAT.

If no "other" sectors exist, please delete the respective box.

If the full PAT is not available online, replace the link in the footnote "which can be found in the full version of the PAT (see p. 1)".

To change an icon from "yes" (green) to "no" (red), right-click on it and exchange the image. You can find all icons in the provided "icons"-directory ("setting-...png"). In case the resources-folder is not directly accessed when right-clicking, close the window and use the insert-function from the word-menu bar, then -> picture and selected the corresponding folder from the package.



- 20 Here all population groups that the full list of policy documents cover should be listed (not just the ones addressed in the “most important” policy documents shown above). See full PAT question 14.

This question refers to section 4/qu. 14 of the original PAT.

To change an icon, right-click on it and exchange the image. You can find all icons in the provided “icons”-directory (“pop-group...png”). In case the resources-folder is not directly accessed when right-clicking, close the window and use the insert-function from the word-menu bar, then → picture and selected the corresponding folder from the package.

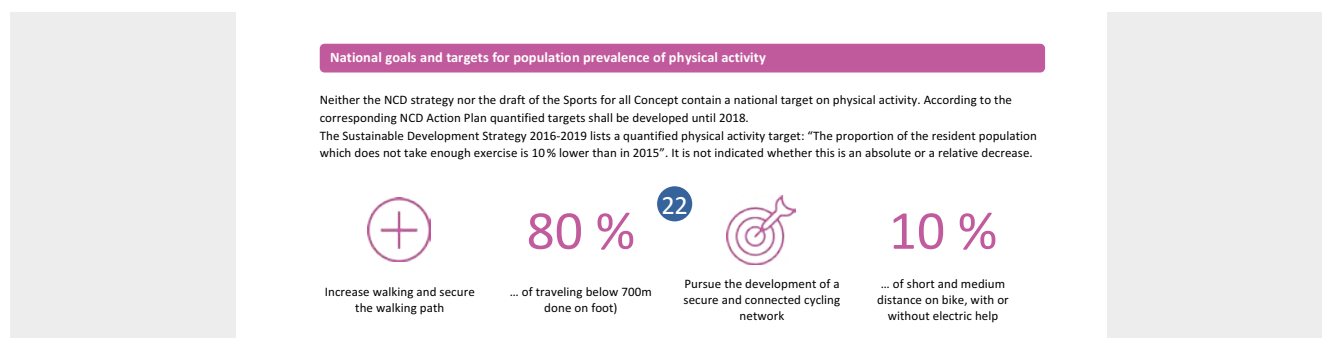
- 21 If a link exists, please use the provided icons to link to the corresponding policy. Do this by selecting the image and using the menu “insert” → “Hyperlink” (CTRL+K/CMD+K for Mac). If there are different links, please differentiate by a simple text note.

This question refers to section 5/qu. 17 of the original PAT.

If no link exists, put “yes” into the cells where a recommendation exists and you can consider adding a footnote: “\* For more information on the content of the recommendations see the full version of the PAT at [www.someurl.com/placeholder](http://www.someurl.com/placeholder)”.

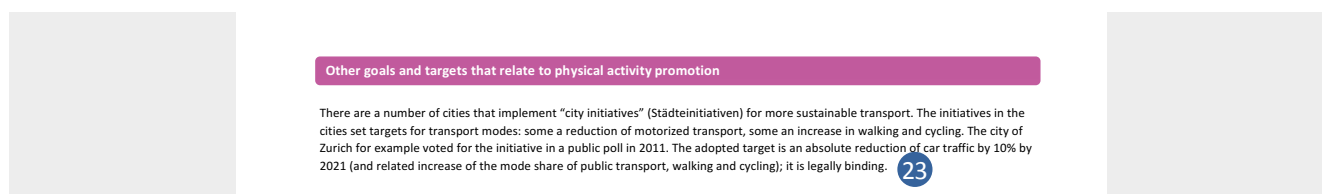
If the full PAT is not available online, replace the link in the footnote “which can be found in the full version of the PAT (see p. 1)”.

Otherwise use “not existing” or “don’t know”.



- 22 To illustrate the goals, use either a big number or one of the provided icons. Use „insert → picture from file“, go to the “icons”-directory and select one of the corresponding icons (“goals-...png”). In case the resources-folder is not directly accessed when right-clicking, close the window and use the insert-function from the word-menu bar, then → picture and selected the corresponding folder from the package.

This question refers to section 5/qu. 18 of the original PAT.



- 23 Please briefly summarize the information from the PAT question 19, see the provided example-document for style and length.

This question refers to section 5/qu. 19 of the original PAT.

Main surveillance and monitoring systems		
Age group	Type	Details
Early years (pre-school age)	None	None
Children and young people (school-age)	Self-report	Health Behaviour in School Aged Children HBSC Frequency: 4 years, starting 2001/02
Children and young people (school-age)	Self-report	Sport Survey Frequency: 6 years, starting in 2008
Children and young people (school-age)	Accelerometry	SOPHYA Frequency: 1x so far, starting in 2014/15
Adults	Self-report	National Health Survey Frequency: 5 years, starting in 1992 (since 2002 allowing reference to the national HEPA recommendations)
Adults	Self-report	Sport Survey Frequency: 6-8 years, starting in 2000
Older adults	See Adults	See Adults

24

- 24 Please summarize the information from PAT question 20. If you have a large number of surveys, you may wish to choose the main ones. In this case please add a footnote below the table (e.g. "A full list of surveys can be found at [www.someurl.com/placeholder](http://www.someurl.com/placeholder)").

This question refers to section 6/qu. 20 of the original PAT.

#### 4. Successes and challenges

##### Areas of greatest progress and greatest challenge in national HEPA promotion in recent years

###### Successes

1. Increase of physical activity in adults of about 1% per year between 2002 and 2012. This increase is based on self-reported data, and some social desirability cannot be excluded. However, it is not likely that the entire increase is attributable to this phenomenon.
2. Engagement of the regional and community level, NGOs and the private sector, even without a strong lead of the national level.
3. Health as a co-benefit of the promotion of walking and cycling is increasingly recognized as an argument with important stakeholders.

25

###### Challenges

1. There is no legal basis for the health sector to act on the prevention of non-communicable diseases on the national level (due to rejection of the national prevention law in 2012 by the national parliament).
2. There is a legal basis for the sports sector. However, in recent years the Ministry of Sports – apart from the legally binding investments into youth + sports – has invested little resources in HEPA promotion in a broader sense. The MoSp is not part of the lead of the NCD-Strategy.
3. With few exceptions, there is a lack of sustained investment into action programs and strategies, oftentimes regardless of encouraging evaluation results.

- 25 Please briefly summarize the information from the PAT question 27, see example for style and length."

This question refers to section 10/qu. 27 of the original PAT.

## Final checklist

After filling in the template, please do a complete check of the document.

- Search for the term "placeholder" and make sure that there is no placeholder content left.
- Check if all hyperlinks are set and working (including links on icons and buttons).
- Add page-breaks and spacing accordingly to keep sections together on the same page.
- Add additional footnotes wherever necessary.
- If you have question regarding the use of the template, please contact Sonja Kahlmeier, PhD, MSc ETH Environ. Sc. at [sonja.kahlmeier@uzh.ch](mailto:sonja.kahlmeier@uzh.ch).



